



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2
Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB)
290 Broadway-21st Floor
New York, NY 10007-1866

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification
I. TYPE OF NOTIFICATION (O = Original / R = Revised) : R (On Hold)			
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER: Verizon			
Address: 145 Railroad Avenue			
City: Sayville	State: NY	ZIP: 11782	
Contact: Mr. Brian Kingsbury		Tel: (201) 338-0620	
REMOVAL CONTRACTOR: JVN Restoration Inc.			
Address: 47 Foster Road			
City: Staten Island	State: New York	ZIP: 10309	
Contact: Ignatius Marraccino		Tel: 718-605-6256	
Address:			
OTHER OPERATOR:			
Contact:		Tel:	
III. TYPE OF OPERATION (D = Demolition / R = Renovation) : R / Asbestos Removal Only			
IV. IS ASBESTOS PRESENT? (Yes/No): Yes			
V FACILITY DESCRIPTION (include building name, number and floor or room number):			
Building: Yes			
Address: 145 Railroad Avenue			
Address:			
City: Sayville	State: New York	County: Suffolk	
Site Location: 1 st Floor Administration/Break Room			
Building Size	Sq Meter:	Sq Ft: 10,000	# of Floors: 1
Present Use: Commercial		Age in Years 40+	
		Prior Use: Commercial	
VI.			
VII.			
		RACM to be Removed Category II	Non-friable Asbestos Material to be removed Category I
PIPES - Linear Feet			
PIPES- Linear Meters			
Surface Area - Square Feet		VAT/Mastic280	
Surface Area - Square Meters			
Volume RACM off Facility Component - Cubic Feet			
Volume RACM off Facility Component - Cubic Meters			
xVIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY) Start: (On Hold) Completion: 10/20/2017			
X. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY) Start: Completion:			

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: N/A		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Negative air machines under HEPA filtration system. Wet Methods.		
XII. WASTE TRANSPORTER #1		
Name: Vandan Disposal		
Address: 1009 Glen Cove Avenue		
City: Glen Head	State: New York	ZIP: 11545
Contact Person: Mark		Telephone: (718) 991-2828
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	ZIP:
Contact Person:		Telephone:
XIII. WASTE DISPOSAL SITE		
Name: Minerva Enterprises Inc.		
Address: 8955 Minerva Road		
City: Waynesburg	State: OH	ZIP: 44688
Telephone: 330-866-3435		
XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW		
Name: N/A	Title:	
Authority:		
Date if Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY) :	
XV. FOR EMERGENCY RENOVATIONS		
Date and Hour of Emergency (MM/DD/YY):		
Description of the Sudden, Unexpected Event:		
Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:		
XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) .		
 Signature of Owner/Operator	Ignatius Marraccino Project Manager	10/20/2016 Date
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
 Signature of Owner/Operator	Ignatius Marraccino Project Manager	10/20/2016 Date